

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/545193

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55		/				
6							56	/	/				
7							57		/				
8							58		/				
9							59		/				
10							60	/	/				
11							61		/				
12							62	/	/				
13							63		/				
14							64		/				
15							65		/				
16							66	/	/				
17							67		/				
18							68		/				
19							69		/				
20							70		/				
21							71		/				
22							72	/	/				
23							73		/				
24							74		/				
25							75		/				
26							76	/	/				
27							77	/	/				
28							78	/	/				
29							79	/	/				
30							80		/				
31							81		/				
32							82		/				
33							83		/				
34							84		/				
35							85		/				
36							86		/				
37							87		/				
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45			/				95						
46			/	/			96						
47			/	/			97						
48			/	/			98						
49			/	/			99						
50			/	/			100						
TOTAL IND.							TOTAL IND.	11					
TOTAL DEP.							TOTAL DEP.	31					
TOTAL CLAIMS							TOTAL CLAIMS	42					